



STATE OF ALASKA
DEPARTMENT OF ADMINISTRATION
Division of Retirement and Benefits
P.O. Box 110203, Juneau, AK 99811-0203

**POLITICAL SUBDIVISION GROUP HEALTH AND LIFE PLAN
PARTICIPATION AGREEMENT**

Pursuant to Alaska Statute 39.30.090 through AS 39.30.100, the _____
_____ enters into an agreement for coverage under the
State of Alaska Group Health and Life Plan for Political Subdivisions. The Unit elects to participate in
Plan ____ effective _____.

The _____ hereby agrees:

- to the terms and conditions of MetLife, Inc.’s Group Life Insurance Agreement and Aetna Inc. for political subdivisions which are held by the State of Alaska, Department of Administration;
- that the State of Alaska, Department of Administration, shall act for and on its behalf as contract holder and further agrees this Participation Agreement is part of the Group Policy and Agreement and that the coverage and the participation of the Governmental Unit shall be subject to its terms and conditions;
- that the Department of Administration shall act for and on its behalf as contract holder in all matters pertaining to rate and benefit changes, establishment of necessary reserves and distribution of any surplus which may accrue as a result of favorable experience; and
- to enroll in and pay for coverage for at least two years from the effective date of this agreement.

Executed this _____ day of _____, 20____.

By _____
Participating Political Subdivision Signature *Title*

Accepted this _____ day of _____, 20____ at Juneau, Alaska, by the State
of Alaska, Department of Administration.

Plan Administrator